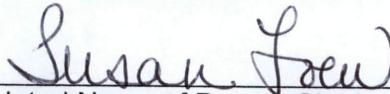
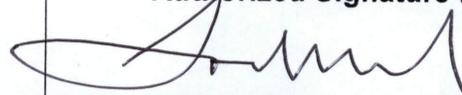


OPERATIONAL AGREEMENT
BETWEEN
INDIAN CHILD FAMILY SERVICES (ICFS)
AND
RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES

WHEREAS, the Riverside County Department of Public Social Services (hereinafter "DPSS") and Indian Child and Family Services (hereinafter "ICFS"), desire to provide services for Indian children living in the County of Riverside who require protective intervention because of child abuse and/or neglect, and who are members of or eligible for membership in/are descendents of participating member tribes; and

WHEREAS, DPSS and ICFS desire to ensure compliance with the provisions of the Indian Child Welfare Act of 1978 (25 U.S.C. § 1901 et. Seq), and S.B. 678;

NOW THEREFORE, DPSS and ICFS do hereby covenant to follow the provisions in this Agreement and give full faith and credit to the public acts, records, and judicial proceedings for each party.

Authorized Signature for Board:	Authorized Signature for ICFS:
	
Printed Name of Person Signing:	Printed Name of Person Signing:
Susan Loew	Luke Madrigal
Title:	Title:
Director of DPSS	Executive Director
Address:	Address:
4060 County Circle Riverside, CA 92503	29377 Rancho California Road Temecula, CA 92591
Date Signed:	Date Signed:
6-16-09	6-10-09

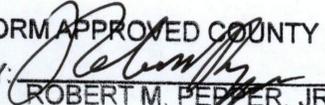
FORM APPROVED COUNTY COUNSEL
 BY:  1/27/09
 ROBERT M. PEPPER, JR. DATE

TABLE OF CONTENTS

I. DEFINITIONS 3

II. DPSS RESPONSIBILITIES 3

III. ICFS RESPONSIBILITIES 3

IV. JOINT RESPONSIBILITIES 4

V. PLACEMENT PROCEDURES 4

VI. REPLACEMENT AND REMOVAL PROCEDURES 4

VII. INCIDENTS AND ALLEGATIONS 5

VIII. COOPERATION 5

IX. TRANSFER OF CASE INFORMATION 5

X. GENERAL PROVISIONS 5

 A. CONFIDENTIALITY 5

 B. INDEPENDENT CAPACITY 6

 C. NOTICE 6

 D. HOLD HARMLESS/INDEMNIFICATION 6

 E. DISPUTES 6

 F. PROVISIONS 7

 G. MODIFICATION OF TERMS 7

 H. TERMS OF AGREEMENT 7

 I. SUCCESSORS AND ASSIGNS 7

 J. ENTIRE AGREEMENT 7

EXHIBITS

- Exhibit A- ICFS Foster Family Agency Program Statement
- Exhibit B- SOC 156 (8/99), Agency/Foster Parent Agreement
- Exhibit C- DPSS 845, Notice of Intended Removal
- Exhibit D- DPSS 3694, Caregiver Incident Report

AGREEMENT TERMS AND CONDITIONS

I. DEFINITIONS

- A. "DPSS" refers to the County of Riverside and its Department of Public Social Services.
- B. "FFA" refers to a Family Foster Agency
- C. "ICFS" refers to Indian Child and Family Services
- D. "ICWA" refers to the Indian Child Welfare Act of 1978.
- E. "Indian child" refers to "any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe" (25 U.S.C. §§1902).
- F. "TDM" refers to a Team Decision Making meeting.

II. DPSS RESPONSIBILITIES

- A. DPSS shall:
 - 1. Assign DPSS staff to be the liaison between ICFS and DPSS.
 - 2. Be responsible for conducting background clearance, per Health and Safety Code 1522.
 - 3. If necessary, and only when an Indian placement home is not available, provide emergency shelter care in non-Indian home for the Indian child.
 - 4. Provide the designated placement representative from ICFS with information pertaining to the child necessary for the selection of an appropriate family with appropriate background checks. This information may include but is not limited to standard demographic information, special mental or physical health needs and/or conditions, and significant habits and behaviors. Any behaviors or conditions that might pose a risk to a potential family will be disclosed to the extent known.
 - 5. Provide the foster parents with written documents regarding the case plan, needs, medical, educational, and social history, if they are available to DPSS at the time of placement or as soon thereafter as is possible.
 - 6. Participate in potential caregiver trainings through presentations as needed by ICFS.
 - 7. Provide training for DPSS social workers about laws pertaining to the Indian Child Welfare Act, Indian customs and culture in conjunction with ICFS.
 - 8. Attend ICFS consortium tribal meetings, as requested.
 - 9. Conduct TDM's on all referrals and cases in which ICWA applies.
 - 10. In collaboration with ICFS, develop foster home recruitment material with a specific focus on recruiting Indian family homes.
 - 11. In collaboration with ICFS, include Indian family home recruitment materials at all foster home recruitment events.
 - 12. Recruit non-Indian foster homes willing to provide care to Indian children and receive additional culturally specific training related to Indian children.

III. ICFS RESPONSIBILITIES

- A. ICFS shall:
 - 1. Designate personnel to be the liaison between DPSS and ICFS.
 - 2. Designate a point of contact who will be available 24 hours a day for emergency

- placements, and can provide DPSS personnel with appropriate placement information.
3. Perform home assessments of potential caregivers.
 4. Certify caregivers within the ICFS member tribes to increase foster placements in tribal homes with appropriate background checks.
 5. Be responsible for providing potential caregivers with culturally specific and relevant training prior to and after placement of Indian children.
 6. Assist in providing training to DPSS social workers on ICFS organization and services, and Indian customs and culture.
 7. Provide services from ICFS Program Statement., attached hereto as Exhibit A and by this reference incorporated herein, including but not limited to: case management, court advocacy, home visits, family and child counseling, foster home certification, foster parent training, foster parent support services, full service adoption agency, and information and service referrals/community outreach.
 8. Attend DPSS meetings, as requested.
 9. Provide an ICFS representative for TDM meetings.
 10. Provide DPSS foster home recruitment staff with information regarding events that would be available to DPSS for recruitment opportunities.
 11. In collaboration with DPSS, participate in recruitment events to recruit Indian families.

IV. JOINT RESPONSIBILITIES

A. Both parties shall:

1. Complete and sign a formal placement agreement for each child, SOC Form 156 Agency/Foster Parent Agreement, attached hereto as Exhibit B and by this reference incorporated herein, at the time the child is physically placed in the foster home.
2. Agree to exchange information, verbal and/or written, as necessary to coordinate the administration of federal, state or local programs that provide necessary services, for families and children, unless the child is a danger to himself or others and has been hospitalized.
3. Maintain the confidentiality of such information as required under federal or state statute and tribal ordinance.
4. Provide mutual assistance through the identification of issues and solutions.
5. Participate in quarterly meetings.

V. PLACEMENT PROCEDURES

- ##### **A. Selection of a foster home for children in the care and custody of DPSS will be by mutual agreement between the assigned DPSS social worker and the designated representative from ICFS.**

VI. REPLACEMENT AND REMOVAL PROCEDURES

- ##### **A. DPSS will provide the foster parents and ICFS seven (7) calendar days notice before removing a child placed in an ICFS certified home, unless the child is removed by direct court order of the superior court or is found to be in imminent danger of abuse or neglect.**

- B. If ICFS requests the removal of a Riverside County DPSS dependent child from a certified placement, Form DPSS 845, Notice of Intended Removal, attached hereto as Exhibit C and by this reference incorporated herein, must be given to the assigned DPSS social worker a minimum of seven (7) days prior to the requested removal date. Riverside County DPSS will make every attempt to locate a suitable placement for the child by the date requested but reserves the right to maintain the child in the certified home until an appropriate placement is available unless (1) the child is a danger to himself or others and has been hospitalized pursuant to W&I Section 5150 or (2) the child has committed a crime and has been incarcerated by law enforcement. ICFS may not move a child placed by DPSS from one foster home to another without the explicit knowledge and consent of the assigned DPSS social worker or designee.

VII. INCIDENTS AND ALLEGATIONS

- A. ICFS will report all incidents of injury, illness, and unusual behavior serious enough to require medical, law enforcement, or other professional intervention and concerning any child in the care and custody of DPSS on Form DPSS 3694, Caregiver Incident Report, attached hereto as Exhibit D and by this reference incorporated herein, to the assigned DPSS social worker or designee within one working day of the incident.
- B. All allegations of abuse and neglect regarding foster parents who reside within Riverside County or with whom Riverside County children are placed will be reported immediately to the DPSS Central Intake Unit.
- C. ICFS understands that all allegations of abuse and neglect of any of its foster homes located within Riverside County will be investigated by Riverside County DPSS.
- D. All substantiated allegations of abuse and neglect occurring in any foster home supervised by ICFS will be reported to DPSS within five (5) working days of the close of the investigation, regardless of the county in which the foster home is located.

VIII. COOPERATION

Both parties affirm their commitment to best serve Indian children and families through cooperation and, when appropriate, through the mutual collaboration and sharing of resources, by focusing on the safety, health, and future outlook of children, and thereby promoting the stability, integrity, and security of Indian tribes.

IX. TRANSFER OF CASE INFORMATION

DPSS will transfer case information in compliance with established DPSS policy and in accordance with the Privacy Act, the Freedom of Information Act, and Section 10850 of the Welfare and Institutions Code.

X. GENERAL PROVISIONS

- A. CONFIDENTIALITY
 - 1. Each party shall ensure that case record information is kept confidential when it

identifies an individual by name, address, or other information that identifies an individual. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

2. The parties to this Agreement shall keep all information that is exchanged between them in the strictest confidence, in accordance with Section 10850 of the Welfare and Institutions Code.

B. INDEPENDENT CAPACITY

1. It is understood that ICFS is an independent agency and that no employer-employee relationship exists between the parties hereto.
2. ICFS assumes exclusively the responsibility for ICFS' acts and the acts of ICFS employees, agents, or subcontractors as they relate to services to be provided during the course and scope of this Agreement.
3. DPSS assumes exclusively the responsibility for DPSS' acts and the acts of DPSS' employees, agents, or subcontractors as they relate to services to be provided during the course and scope of this Agreement.

C. NOTICE

Any and all notices to either party shall be given at the addresses below:

Luke Madrigal, Director
 Indian Child and Family Services
 29377 Rancho California Road
 Temecula, CA 92591

Riverside County
 Department of Social Services
 10281 Kidd St.
 Riverside, CA 92503

D. HOLD HARMLESS/INDEMNIFICATION

ICFS agrees to indemnify, defend and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of ICFS, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of ICFS, its officers, employees, subcontractors, agents or representatives Indemnitors from this Agreement.

The County of Riverside agrees to indemnify, defend and hold harmless ICFS, its respective Board Members, officers, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of the County of Riverside, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of the County of Riverside, its officers, employees, subcontractors, agents or representatives Indemnitors from this Agreement.

E. DISPUTES

If a dispute arises from the Operational Agreement involving the interpretations,

implementation, or conflict of policy, the parties shall meet to resolve the problem within applicable tribal laws and practices and DPSS governing policies, and state and federal law. Both parties shall strive to ensure that any dispute will not disrupt the delivery of services to Indian families.

F. PROVISIONS

DPSS shall give full faith and credit to the “public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings.” (25 U.S.C. §1911(d).)

G. MODIFICATION OF TERMS

No addition or alteration of the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this Agreement, which is formally approved and executed by both parties. This Agreement is subject to amendment, as necessary, in accordance with requirements contained in any future tribal, federal or state statute, regulation, or policy and must be in writing and signed by authorized representatives of ICFS and DPSS.

H. TERMS OF AGREEMENT

This Operational Agreement shall remain in effect unless terminated as specified below. The written consent of both parties is required to modify the Operational Agreement.

The Operational Agreement may be terminated unilaterally by either party upon written notice thirty (30) days in advance. Whenever possible, any party considering termination shall explore alternatives with the other party before taking such action.

Prior to termination, both parties will meet to make sure there is no disruption or break in services to Indian families.

This Operational Agreement may be terminated immediately for cause, including, but not limited to, the termination of ICFS or authority required for the delivery of services or a change in law.

I. SUCCESSORS AND ASSIGNS

This Agreement shall be binding upon and inure to the benefit of the heirs, successors, representatives, executors, administrators, and assigns of all the parties, and any person or entity obligated to comply with the tribal, federal or state laws applicable to the purposes of this Operational Agreement.

J. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein.

PART II. PROGRAM POPULATION, SERVICES & CAPABILITIES

Part II identifies the types of children the program accepts and the types and levels of structure, supervision and services provided.

A. SUMMARY

1. Provide a summary of the agency's mission. Be sure to include current program operation objectives and the agency resources available to meet these objectives. (E.g. Rainy Day FFA will provide emergency shelter care for no longer than three weeks for female dependents (WIC 300), ages 8 - 12 years etc.).

The Indian Child and Family Services mission is to protect, preserve and promote American Indian families. When as a last resort, Indian children must be placed out of homes due to abuse, neglect or abandonment, it is the goal of ICFS, as a foster family agency, to place Indian children with appropriate Indian foster or preadoptive homes which will reflect the unique values of Indian culture. Services provided include: case management; court advocacy; home visits; family and child counseling; foster home certification; foster parent training; foster parent support services; full service adoption agency; information and service referrals/community outreach; quarterly newsletter; Indian Child Welfare Act Training; and consultation.

Identify the primary and secondary target groups served: (e.g., mother's/infants, substance abusers)

- primary: Abused & neglected children
- secondary: Children with mild special needs

2. Provide a listing of services available to the target population(s). You must elaborate and address the identified services and your resources in the narrative section (Part III). You may include future planned agency services in the narrative section only. Should any of the examples below match your program, please check the box.

- | | |
|---|--|
| <input type="checkbox"/> Tutoring | <input checked="" type="checkbox"/> Sibling placements |
| <input type="checkbox"/> Vocational training | <input checked="" type="checkbox"/> Group counseling |
| <input checked="" type="checkbox"/> <u>Individual Therapy</u> | <input checked="" type="checkbox"/> <u>Cultural Programs</u> |
| <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> <u>Family and Sibling Visitation</u> |
| <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> <u>Reunification Services</u> |
| <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> <u>Service Referrals</u> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

(additional boxes on the reverse side of this page)

B. CHILD CHARACTERISTICS AND BEHAVIORS

Describe the child population you cannot serve, (e.g. fire setters, severely medically fragile, drug use).

- | | |
|---|--|
| <input checked="" type="checkbox"/> <u>Fire Setters</u> | <input checked="" type="checkbox"/> <u>Severely Developmentally Disabled</u> |
| <input checked="" type="checkbox"/> <u>Severely Medically Fragile</u> | <input checked="" type="checkbox"/> <u>Chronic Runaways</u> |

C. STRUCTURE/SUPERVISION

1. Average certified family home/child placement ratio: (check one)

- One child per certified home
- No more than two children per certified home
- More than two children per certified home

Will make exceptions for siblings Yes No

D. SERVICES PROVIDED TO CERTIFIED FAMILY HOME APPLICANTS/CERTIFIED PARENTS

	FFA SOCIAL WORKERS	OTHER FFA STAFF	NON FFA WORKERS	NOT APPLICABLE
Provide orientation to potential certified family home applicants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate and assess applications from potential certified parents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide initial and ongoing training of certified parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange respite care for certified parents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide respite care for certified parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide/facilitate support group meetings for certified parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate and schedule medical, dental, court, and school appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transport children, as needed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour emergency assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult with licensed mental health professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indian Child and Family Services was founded in 1980 under Title II of the Indian Child Welfare Act to provide child welfare services as outlined by the Indian Child Welfare Act, Public Law 95-608. Indian Child and Family Services is a consortium of tribes and Indian organizations in San Diego, San Bernardino and Riverside counties working together to implement the Indian Child Welfare Act. The consortium is incorporated as a non-profit agency and is licensed by the state of California as a foster family agency. Indian Child and Family Services provides its services to any Indian person who is enrolled or eligible for enrollment with a federally recognized Indian tribe.

The goal of Indian child and Family Services is to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families as described by the Indian Child Welfare Act. When, as a last resort, Indian children must be placed out of home due to abuse, neglect or abandonment, it is the goal of ICFS, as a foster family agency, to place Indian children in appropriate Indian foster or pre-adoptive homes which will reflect the unique values of Indian culture.

It is the policy of Indian Child and Family Services to assure that the Indian Child Welfare Act is properly implemented to ensure family stability and reunification when at all possible for Indian children, families and tribes in Southern California as well as for members of other tribes who are residing here.

AGENCY - FOSTER PARENTS AGREEMENT
Child Placed by Agency in Foster Home

Complete in Duplicate:
One copy to: Foster parents
Child's Social
Service Record

The agreement will be initiated when the child is placed in the facility and whenever the rate changes.

NAME OF CHILD		PARENT'S NAME	
BIRTHDATE OF CHILD	DATE PLACED	CASE NUMBER	
FOSTER PARENT(S) NAME		ADDRESS	

Anticipated duration of placement is _____ months.

The agency will pay \$ _____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: _____

Special problems/needs: No Yes If yes, explain: _____

Special Permissions: Special permission for substitute supervision is subject to Community Care Licensing granting an exception to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult.

- Child 15 years or older has permission to remain without adult supervision during temporary absences of the the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Substitute supervision may be provided to the foster child by someone 16 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Other (Explain) _____
- No special permissions granted.

AGENCY AGREES TO	FOSTER PARENTS AGREE TO
<ol style="list-style-type: none"> Provide the foster parent with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, education assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement. Develop a plan for the child and share pertinent aspects with the foster parents. Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations. Not remove the child with less than 7 calendar days written notice unless: the child is physically or psychologically endangered; court orders removal; parents or guardians order removal (voluntary placement); signed waiver obtained from foster parents; removal is from an interim placement directly into an adoptive home. Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months. Assist the child in his use of foster care. Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning for this child. Provide procedure for grievances of foster parents. Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed. Inform foster parents if child has any tendencies toward dangerous behavior. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available. Provide a clothing allowance as permitted to meet initial clothing needs. In cooperation with foster parents arrange for visiting by parents or relatives on: _____ Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____ 	<ol style="list-style-type: none"> Provide this child the nurture, care, clothing and training suited to his needs. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s). Recognize any limitations of consent imposed by the court or the parent. Increase their knowledge and ability to care for this child. Encourage the child's relationships with his parents and relatives. Cooperate in visiting arrangements between child and parents. Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline. Respect and keep confidential information given about the child and his family. Immediately notify agency of significant changes in this child's health, behavior, or location. Accept the child's special problems as given above in my provision of care. Help with termination of placement including return to his own parents, relatives home, or adoptive placement. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary. Conform to the licensing/certification requirements. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absence may be reported by telephone in case of emergencies.) Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP). Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

***See Reverse Side of Form for Optional Long-Term Placement Intent**

I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home.

SIGNATURE OF CHILD PLACEMENT WORKER		SIGNATURE OF FOSTER MOTHER	
TITLE	NAME OF AGENCY	SIGNATURE OF FOSTER FATHER	
ADDRESS		ADDRESS	
PHONE NUMBER	DATE	PHONE NUMBER	DATE

Long-Term Placement Intent

I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home. In signing this section the agency, foster parents and foster care child signify their desire that this child remain in this home as a permanent member of this family

SIGNATURE OF CHILD PLACEMENT WORKER		SIGNATURE OF FOSTER MOTHER
TITLE		SIGNATURE OF FOSTER FATHER
NAME OF AGENCY		ADDRESS
ADDRESS		PHONE NUMBER
PHONE NUMBER	DATE	SIGNATURE OF FOSTER CARE CHILD



Riverside County Department of Public Social Services – Children’s Services
Notice of Intended Removal – DPSS 845

The Department of Public Social Services or Probation Department plans to move _____
(Child’s name)
from your home/facility on _____ for the following reasons:
(Date)

The Interagency Placement Committee has determined the child is no longer in need of your program and has decertified the child.

You have the right to request a grievance review hearing within seven (7) calendar days of the receipt of this notice. The request must be in writing and sent to the following address:

**Riverside County
Department of Public Social Services
ATTN: Children’s Services – Grievance Coordinator
10281 Kidd Street, 2nd Floor
Riverside, Ca 92503**

The request should include the facts which you believe provide a basis for a reversal of the intended action. You will be notified of the date, time and location of the review.

The right to request a grievance review **does not** apply in the following situations:

- (1) A child who is clearly in danger may be removed immediately; you will be notified of the reasons within seven (7) days.
- (2) Your license is being revoked or discontinued.
- (3) The child is being removed by court order.
- (4) When the parent or guardian who placed the child independent of our agency wishes to remove the child.
- (5) When a complaint solely involves a question regarding the validity of a law or general statement policy.
- (6) The child is being removed from an interim placement for direct placement into an adoptive home.
- (7) Any issue for which a Fair Hearing is available pursuant to Welfare & Institutions Code Sections 10950-10965.
- (8) The Interagency Placement Committee has decertified a child for RCL 13 or 14 group home.

Name of Children’s Services Social Worker

Telephone

Signature

Date



Riverside County Department of Public Social Services – Children’s Services
Caregiver Incident Report – DPSS 3694

Action Taken (give actions taken to prevent or resolve the incident and to mitigate the circumstances surrounding the incident):	

Medical Care Sought/ Administered (if applicable - include any follow up treatment that is needed):	

Law Enforcement Information (if applicable):		
Report Number:	Date Made: / /	Agency:

Suspect’s Information (if abduction is suspected, or if an accomplice to the runaway child):			
Name:		Relationship to Child:	
DOB: / /	SSN:	Driver’s License Number: #: State:	
Height: Ft. Inches	Weight: Lbs.	Hair Color:	Eye Color:
Does the suspect have a criminal history or history of violence? Explain below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Give information on the abductor (motivation, description of car, and where you suspect abductor may be going):			

Description of Child (if Runaway or Abduction):				
Height: Ft. Inches	Weight: Lbs	Eye Color:	Hair Color/Style: Color: Style:	Race:
Scars/Tattoos (and where located):				
Clothing Worn:				

Caregiver Signature:	Date: / /
CSSW Signature:	Date: / /